



VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY

Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team

www.vtfiresafety.org



Change of Use or Ownership Inspection Request

Return this completed form and payment to the appropriate Regional Office:

- ☐ **Williston Regional Office**
372 Hurricane Lane, Suite 102,
Williston, VT 05495
Phone: 802-879-2300 Fax 879-2312
- ☐ **Barre Regional Office**
1311 US Route 302, Suite 500,
Barre, VT 05641
Phone: 802-479-4434 Fax 479-4446
- ☐ **Rutland Regional Office**
56 Howe Street Building A Suite 200,
Rutland, VT 05701
Phone: 802-786-5867 Fax 786-5872
- ☐ **Springfield Regional Office**
100 Mineral Street, Suite 307,
Springfield, VT 05156
Phone: 802-885-8883 Fax 885-8885

Name of Building or Association: _____

Physical Location: _____
(9-1-1 Address) *Number and Street Name,* *City/Town,* *Zip Code*

Unit Number or Letter: _____ Number of Units in Building: _____

Building Number or Letter: _____

List other unit numbers/letters: _____
(within building)

Current Owner Name: _____

Owner Mailing Address: _____

Owner Phone Number: _____

Inspection Requested by: _____

For Buildings in which a Change of Use applies:

Building Current Use: _____

Building Proposed Use: _____

Fee: \$125 – Please make check payable to: Department of Public Safety

* FOR OFFICE USE ONLY *

Site#		Project #	
Received Date:	Check #	Amount	Inspector:
	Check From:		